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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

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required)

Attorney Docket Numbe	r PU020089	1				
First Named Inventor	R. W. Nosker, et al.	1				
COMPLETE IF KNOWN						
Application Number	1					
Filing Date						
Group Art Unit						
Examiner Name						

As a below named inventor, I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original, first and are listed below) of the subject ma	sole inventor (if only one ter which is claimed and	e name is listed below) or an I for which a patent is sought	original, first and joi on the invention en	int inventor (if plui titled:	al names	
DYNAMIC FOCUS VO	LTAGE FOR A F	OCUS MASK		·		
the specification of which	(Title of the	e Invention)	•			
is attached hereto					4	
OR						
was filed on (MM/DD/YYYY) .	as United States Ap	plication Number or	PCT Internationa	i .	
Application Number	and	was amended on (MM/DD/Y	m	(**	applicable).	
I hereby state that I have reviewed a specifically referred to above.	nd understand the conte	nts of the above identified sp	ecification, including	the claims as an	nended	
applications, material information wh	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application		Foreign Filing Date Priority		Certified Copy	Attached?	
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO	
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
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DECLARATION — Utility or Design Patent Application

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Inventor's Signature	Richa	1 William	No=	ke	. <u>X</u>	Date MARCH 31,1	03
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Inventor's Signature	Cle	Don Eugen	dit	Date 4//	4/03	,	<i>Y</i>
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 4

Given Name (first and middle [if any]) Family Name or Sumame HEYMAN Date 3 1 3 1 0 3 Residence: City Hobbinownic State Mailing Address City Reboth War State Nu ZIP - 0669	Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor				
PHILIP MICHAEL Inventor's Signature Residence: City	Rame of Auditional Joint Inventor, it any.					
Residence: City Mailing Address 6 Darvel Drive, AB-M Mailing Address City Mailing Address City Mailing Address City Mailing Address State Nu Mailing Address City Mailing Address City Mailing Address Date Residence: City Lancaster State PA Country USA Citizenship GOROG Date Residence: City Lancaster State PA Country USA Citizenship Citizenship Country Date Citizenship Country Citizenship Date Citizenship Country Citizenship Date Citizenship Country Citizenship Country Citizenship Country Citizenship Country Citizenship Country Citizenship Citizenship Citizenship Country Citizenship Country Citizenship Country Citizenship Country Citizenship Country Citizenship Country Citizenship	Given Name (first and middle	e [if any])	Far	nily Name or Sumame		
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Residence: City	Inventor's Signature Dup omchair	* 6 11				
Mailing Address City Rebbinsvite State NJ ZIP - 68683 Country USA Name of Additional Joint Inventor, If any: Given Name (first and middle [if any]) Family Name or Sumame GOROG Residence: City Lancaster State PA Country USA Cittzenship USA Mailing Address City Lancater State PA Zip 17603 Country USA Name of Additional Joint Inventor, If any: Given Name (first and middle [if any]) Family Name or Sumame A petition has been filed for this unsigned inventor City Lancater State PA Zip 17603 Country USA Name of Additional Joint Inventor, If any: Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Date Residence: City State Country Citizenship Mailing Address Mailing Address Mailing Address	Residence: City WEST WINDS R					
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STVAN GOROG	Name of Additional Joint Inventor, if any:		☐ A petition has been filed	for this unsigned inventor		
Inventor's Signature Residence: City Lancaster State PA Country USA Citizenship USA Mailing Address City Lancater State PA Zip 17603 Country USA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Residence: City State Country Citizenship Mailing Address Mailing Address Mailing Address	Given Name (first and middl	e [if any])	Fa	mily Name or Surname		
Inventor's Signature Residence: City Lancaster State PA Country USA Citizenship USA Mailing Address City Lancater State PA Zip 17603 Country USA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Residence: City State Country Citizenship Mailing Address Mailing Address		00000				
Mailing Address 1275 Wheatland Avenue Mailing Address City Lancater State PA Zip 17603 Country USA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Date Residence: City State Country Citizenship Mailing Address Mailing Address	Inventor's	PA		Date		
City Lancater State PA Zip 17603 Country USA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Date Residence: City State Country Citizenship Mailing Address	Residence: City Lancaster	State PA	Country USA	Citizenship USA		
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page **⊈** of **¥**

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
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Inventor's Signature Date						
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